Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: CASTANAGA, IMELDA	**CHAPTER 100.1**
Address: **94-972 Lumimoe Street, Waipahu, Hawaii 96797**	**Inspection Date: August 6, 2019 Annual**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Housekeeper, no evidence for new worker of initial physical examination prior to contact with resident.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Cpe MD for appointment Housekeeper PE was done 8/22/19 Enclosed a copy of Physical Examination.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Housekeeper, no evidence for new worker of initial physical examination prior to contact with resident.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Housekeeper or new worker should have their Physical examination done before they start to work! and ready for annual inspection!	8/22/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** No evidence of tuberculosis (TB) clearance as follows: 1. Substitute care giver (SCG)#2, no evidence of the induration of the positive TB skin test 2. Housekeeper, no evidence of initial physical examination prior to contact with resident	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #2 is no longer working for me. I submitted the housekeeper Physical Examination + TB clearance 11/15/19	11/20/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** No evidence of tuberculosis (TB) clearance as follows: 1. Substitute care giver (SCG)#2, no evidence of the induration of the positive TB skin test 2. Housekeeper, no evidence of initial physical examination prior to contact with resident	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I had to add to my checklist all SCG & Housekeeper should have their physical & TB clearance done prior to contact w/ resident.	11/18/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-12 Emergency care of residents and disaster preparedness. (a)(1) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following: Arranging for immediate transfer or evaluation by a physician for any resident who becomes acutely ill, injured, or dies; **INDINGS** Emergency Guidelines not current. Update the following: 1. Poison Control phone number 2. Access line/Suicide Crisis number 3. Names and numbers for drivers	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I update the Emergency Guidelines for Poison Control Crisis number & names & numbers for drivers & file in binder.	8/10/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-12 Emergency care of residents and disaster preparedness. (a)(1) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following: Arranging for immediate transfer or evaluation by a physician for any resident who becomes acutely ill, injured, or dies; **INDINGS** Emergency Guidelines not current. Update the following: 1. Poison Control phone number 2. Access line/Suicide Crisis number 3. Names and numbers for drivers	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Every once in a while check the numbers of the Emergency Guidelines like Poison Control, Crisis Center the names & number of drivers to make sure its a correct number & available.	8/10/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation. **FINDINGS** Kitchen sink, frozen pork in an unsealed bag left to thaw.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I thaw the frozen meat inside the refrigerator.	8/6/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation. **FINDINGS** Kitchen sink, frozen pork in an unsealed bag left to thaw.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** while thawing frozen meat, keep it inside the refrigerator.	11/20/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures. **FINDINGS** No evidence of a metal stem thermometer for checking hot and cold food temperatures.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I found the metal stem thermometer inside the drawer.	8/6/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures. **FINDINGS** No evidence of a metal stem thermometer for checking hot and cold food temperatures.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I have to check the metal stem thermometer once a month same day when I have fire drill - Put thermometer inside the drawer -	11/25/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Bedroom #1, expired, unsecured and unlabeled medication. I.e., one (1) tube of "Clobetasol Propionate Cream USP, 005%," expired 9/02, unlabeled, no order & unsecured on top of the resident's dresser.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** Yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I discard the expired medication Rx. away.	8/6/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Bedroom #1, expired, unsecured and unlabeled medication. I.e., one (1) tube of "Clobetasol Propionate Cream USP, 005%," expired 9/02, unlabeled, no order & unsecured on top of the resident's dresser.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Always check the drawer cabinets closet when cleaning - I talked to family member not to give any medication to resident that not prescribed by MD. 8/10/19	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **FINDINGS** SCG #2, completed eight (8) hours of the required twelve (12) hours of annual continuing education.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** Yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #2 completed her 12 hrs. In service Training on 4/13/19 Enclosed a copy of 4 hrs.	11/18/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **FINDINGS** SCG #2, completed eight (8) hours of the required twelve (12) hours of annual continuing education.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Log + remind them for their 12 hrs. In Service Training before due date. Home certificate ready. Put In Service Training on file -	11/20/19

Licensee's/Administrator's Signature: Imelda B. Castañeda

Print Name: IMELDA B. CASTAÑEDA

Date: 11/10/19

Licensee's/Administrator's Signature: Imelda B. Castañeda

Print Name: IMELDA B. CASTAÑEDA

Date: 11/25/19